



New Jersey Office of the Inspector General

Complaint Form

PLEASE PRINT OR TYPE Mail the complaint form and any additional documents to: The New Jersey Office of the Inspector General, PO Box 208, Trenton, NJ 08625. You may also fax the form to (609) 984-3990. Please use additional paper if necessary.

CONTACT INFORMATION

Please fill in the information below and be sure to sign and date the complaint form. Initially, you will receive confirmation that the Office of the Inspector General has received your complaint form. Our investigators will review the complaint to determine if it falls within our jurisdiction. You will be notified if an investigation is appropriate or if your complaint should be referred to another state agency.

Name: _____

Signature: _____ Date: _____

Address: _____

Phone No. _____ (Main) _____ (Alternate)

Email (Optional): _____

COMPLAINT INFORMATION

Is your complaint against a State of New Jersey employee(s), agency, or vendor of the State? Please note that the Office of the Inspector General only has the authority to review or investigate complaints with regard to waste, mismanagement, and fraud within entities that receive state funding.

Name/Subject of Complaint: _____

Address: _____

Phone: _____ Email: _____ Web site: _____

- Have you filed the same complaint with any other federal, state or local agency? Y N

- If Yes, with what agency did you file a complaint?

- Do you have a complaint number, if so please list it: _____
- Has your complaint been resolved? Y N
- If Yes, briefly summarize the results:

- Have you filed a complaint with our office in the past? Y N
 - Is your current complaint related to the one previously filed? Y N
- May we refer your complaint to the appropriate agency, if necessary? Y N
- Summary of your complaint (please use additional paper if necessary and attach any available documentation in support of your complaint):

List any other person(s) who could be a witness to the complaint you have alleged:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____